



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: J. Carl Cooper

Serial No.: 16,923

Group No.: 254

Filed: February 20, 1987

Examiner: Richard Roseen

For: APPARATUS AND METHOD FOR CONTINUOUSLY SHIFTING PHASE OF
AN ELECTRONIC SIGNAL

FEE VALUE ACCOUNTABILITY	
DEPOSIT ACCOUNT NO.	
23	3060
FEE CODE	VALUE FURNISHED
202	\$17.00

Commissioner of Patents and Trademarks

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☒ a small entity — verified statement:
☐ attached.
☒ already filed.
☐ other than a small entity.

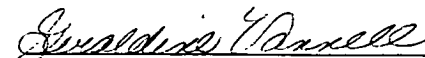
CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Geraldine Vannell

(Type or print name of person mailing paper)

Date: 2-11-88


(Signature of person mailing paper)

RECEIVED
MAR 7 10 25 AM '88
OFFICE GROUP 250

5. **FEE PAYMENT**

- ☒ Attached is a check in the sum of \$ 149.00
☐ Charge Account No. _____ the sum of
\$ _____

A duplicate of this transmittal is attached.

6. **FEE DEFICIENCY**

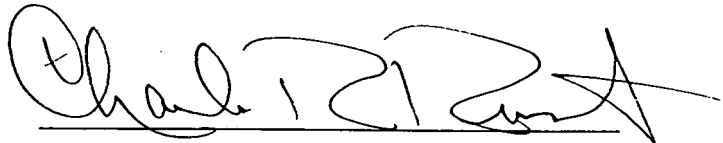
- ☒ If any additional extension fee is required, charge Account No.
23-3060

AND/OR

- ☒ If any additional fee for claims is required, charge Account No.
23-3060

Reg. No.: 18,716

Tel. No.: (216) 241-4150



SIGNATURE OF ATTORNEY

Charles R. Rust

Type or print name of attorney

530 National City E.6th Bldg.

P.O. Address

Cleveland, Ohio 44114

EXTENSION OF TERM

3. (complete (a) or (b) as applicable)

(a) Extension requested (check below the total number of months of extension requested):

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$56.00	\$28.00
<input checked="" type="checkbox"/> two months	\$170.00	\$85.00
<input type="checkbox"/> three months	\$390.00	\$195.00
<input type="checkbox"/> four months	\$610.00	\$305.00
		Fee \$85.00

(check and complete the next item, if applicable)

☐ An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

or

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR RATE ADDIT. FEE
TOTAL	* 25	MINUS	** 20	= 5	x6=	\$30	x12= \$
INDEP.	* 5	MINUS	*** 3	= 2	x17=	\$34	x34= \$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+55=	\$	+110= \$
TOTAL						\$ 64	OR TOTAL \$
ADDIT. FEE						\$ 64	

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

(complete (c) or (d) as applicable)

(c) ☐ No additional fee is required

or

(d) ☒ Total additional fee required \$64.00

5. **FEE PAYMENT**

- ☒ Attached is a check in the sum of \$ 149.00
☐ Charge Account No. _____ the sum of
\$ _____

A duplicate of this transmittal is attached.

6. **FEE DEFICIENCY**

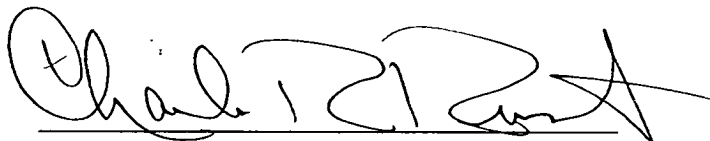
- ☒ If any additional extension fee is required, charge Account No.
23-3060

AND/OR

- ☒ If any additional fee for claims is required, charge Account No.
23-3060

Reg. No.: 18,716

Tel. No.: (216) 241-4150



SIGNATURE OF ATTORNEY

Charles R. Rust

Type or print name of attorney

530 National City E.6th Bldg.

P.O. Address

Cleveland, Ohio 44114